



## Transit Pass Application

Interoffice Mail Code: 0178 Fax: (909) 387-9641

First Name	Last Name	Employee ID#	Date of Birth
Mailing Address		City	Zip Code
Department	Work Address	Work Phone	Interoffice Mail Code

Omnitrans serves the valley area from Montclair to Yucaipa

### Omnitrans Bus Pass (Check One)

Omnitrans 31-Day Full Fare Pass	Omnitrans 31-Day Senior/Disability Pass*
\$47.00 per month	\$23.50 per month
\$21.69 per pay period	\$10.85 per pay period
<input type="checkbox"/>	<input type="checkbox"/>

All transit pass purchases shall be for a 31-Day pass, purchased through payroll deduction on a pre-tax basis. Deductions are based on 26 or 27 (if applicable) pay periods per year. Passes will be mailed to your work site through the County's Certified Interoffice Mail service and will require proof of delivery and receipt.

#### Transit Pass Subsidy

Effective March 5, 2012, the County will offer an \$8 subsidy towards the purchase of one monthly bus pass to eligible Transit pass program participants. To be eligible for the subsidy, an employee must track rideshare participation with Commuter Services for an average of 15 days each month. Tracking may be completed on-line at [http://countyline.sbcounty.gov/commuterservices/rideshare\\_tracking.asp](http://countyline.sbcounty.gov/commuterservices/rideshare_tracking.asp) or by using the Rideshare Tracking Calendar in the monthly electronic Commuter Services newsletter found with your Leave and Earnings Statement announcements.

#### \*Senior/Disability Pass Eligibility

Proof of eligibility must be provided each time you purchase an Omnitrans Senior/Disability bus pass and may be requested at any time by Omnitrans bus drivers. One of the following forms of proof may be used to verify eligibility and should be attached to your application.

Senior (over age 62)	Person with Disability
Birth Certificate	Veteran's Administration (VA) Letter of Disability Award (50% or more)
Department of Motor Vehicles (DMV) issued ID or Driver License	DMV Disability Receipt
Social Security (SSI) Medicare Card	SSI Medicare Card or Letter of Disability Award

If you wish to change or discontinue the selected Transit Option, you must notify Commuter Services on or before the 15th of the month. **NO REFUNDS** for transit passes that have already been distributed.

Please sign your name and date in the spaces provided below indicating that you have read this document, made your selection and agree to the terms and conditions.

Signature

Print Name

Date